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TRANSMITTAL  
FORM

(To be used for all correspondence after initial filing)

Total Number of Pages in This Submission

|   |                        |                     |
|---|------------------------|---------------------|
|   | Application Number     | 09/691,650          |
|   | Filing Date            | October 17, 2000    |
|   | First Named Inventor   | Mike Krivoruchko    |
|   | Art Unit               | 3738                |
|   | Examiner Name          | William H. Matthews |
| 7 | Attorney Docket Number | P840 US             |

## ENCLOSURES (Check all that apply)

|   |  |  |
|---|--|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input checked="" type="checkbox"/> Amendment/Reply<br><input checked="" type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Response to Missing Parts/ Incomplete Application<br><input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation<br><input type="checkbox"/> Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) | <input type="checkbox"/> After Allowance Communication to Group<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input type="checkbox"/> Other Enclosure(s) (please Identify below): |
| <input type="checkbox"/> Remarks<br>Faxed to TC3700 AFTER FINAL: 703-872-9303<br><b>305 3590</b><br><b>B</b><br><b>2-19-04</b>  |  |  |

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

|                         |  |
|-------------------------|--|
| Firm or Individual name | Janis J. Biksa, Medtronic Vascular, Inc. |
| Signature               | <i>Janis J. Biksa</i>                    |
| Date                    | Feb 19 2004                              |

## CERTIFICATE OF TRANSMISSION/MAILING

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|                       |                       |
|-----------------------|-----------------------|
| Typed or printed name | Janis J. Biksa        |
| Signature             | <i>Janis J. Biksa</i> |
|                       | Date 2-19-04          |

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**EXPEDITED PROCEDURE UNDER  
37 CFR § 1.116**

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of:

Mike Krivoruchko, et al.

Appl. No. 09/691,650

Filed: October 17, 2000

## **For: Stent Delivery System**

Art Unit: 3571

Examiner: MATTHEWS

Atty. Docket: P840 US

Date: February 18, 2004

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**Assistant Director for Patents  
Washington, D.C. 20231**

**AMENDMENT AFTER FINAL UNDER 37 CFR 1.116**

Dear Sir:

In response to the Final Office Action dated December 19, 2003, please amend the application as follows.

09/691,650

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Amend in R esp to 12/19/03 OA